		FORNIA – PERSONNEL ADMINISTRA	TION						-	to VA	U	10/20	٧		
TRAVEL EXPENSE CLAIM STD. 262 (REV. 7/2005)						See Instructions and *Privacy Statement On Reverse Side					Dans of Dans				
STD. 262 (HEV. //2005) CLAIMANT'S NAME						SSN or EMPLOYER NUMBER*					Page of Pages DEPARTMENT				
Terry McGuire												State Controlle		er's Office	
POSITION					No.		DIVISION OF BUREAU						INDEX NUMBER		
		ntroller - Investments				E	xecutive	e Office							
RESIDENCE ADDRESS *							HEADQUARTERS ADDRESS						TELEPHON	NE NUMBER	
						300 Capitol Mall, Suite 1850				STATE					
CITY STATE				ZIP C	ODE		Sacramento				CA		ZIP CODE 95814		
(1) MONITURE AR												CA	T		
(1) MONTH/YEAR		(3) LOCATION	(4)	(5)	5) MEALS		(6)	(7)		TRANSPORTAT	ION		(8)	(9)	
(2)	-Sept	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING		(D) E CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
7/10		Sacramento						65.00	R		IVIILLO	0.00		65.00	
8/10		Sacramento						65.00	R			0.00		65.00	
9/10		Sacramento						65.00				0.00		65.00	
								05.00				0.00		0.00	
		,		-											
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(10)												0.00		0.00	
(10)		SUBTOTALS	0.00	0.00	0.00	0.00	0.00	195.00		0.00	0.00	0.00	0.00	195.00	
CLAIM TOTAL														\$195.00	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)										(12) NORMAL WORK HOURS					
Monthly Amtrak passes for travel between residence and HQ.											(13) PRIVATE VEHICLE LICENSE NUMBER				
											(14) MILEAGE RATE CLAIMED				
											AGENCY ACCOUNTING OFFICE USE ONLY				
(15) HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State											PAID BY REVOLVING FUND CHECK NUMBER				
0 e p	f Californi qual to o	ia. If a privately owned vehicle was u r greater than the rate claimed, and i to vehicle safety and seat belt usage	sed, and if mile	age rates ex the requiren	ceed the mini	mum rate, I c	certify that th	ne cost of ope	erating the	e vehicle was					
$\begin{array}{c c} \text{CL} & \text{DATE} \\ \text{CO} & \text{IZ} & \text{IO} \end{array}$											10-19-10				
(17) SPE	KA JAID	PENSE AUTHORIZATION - SIGNATU	RE and TITLE	See Item 17	on reverse)	anetotico mino an				/		CONTRACTOR DESCRIPTION OF	TE		
<u>a</u>															